



HEALTH & FITNESS CENTER APPLICATION

BROKER INFORMATION

Broker/Agency Name:			
Address:		City:	State: Zip:
Contact Person:			
Contact Information:	Phone #:	Fax #:	
	E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Applicant:		DBA:	
Street Address:		City:	State: Zip:
Contact Person and Title:			
Contact Information:	Phone #:	Fax #:	
	E-Mail:	Website:	
Type of Location:	<input type="checkbox"/> Stand-Alone Building	<input type="checkbox"/> Shopping Mall	<input type="checkbox"/> Hotel <input type="checkbox"/> Other
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Other:
Do you own or lease your location(s)?	<input type="checkbox"/> Own	<input type="checkbox"/> Lease (Please provide a copy of Lease Agreement(s))	
If owned, do you have a separate entity that owns the Building, Property or Real Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the Legal Name:	
Number of Locations (separate application required for each location):			
Location 1 Address:		City:	State: Zip:
Location 2 Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Years in Business:	With current management:	If two years or less, please attach resume	

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? Yes No		Have coverages even been canceled or non-renewed during past 5 years? Yes No
If Yes, please provide 5 years currently valued loss runs.		If Yes, please provide an explanation:

**Please provide past 5 years hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*



COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Quote Requested	Effective Date	Premium	Number of Claims	Amount Paid in Claims
General Liability	<input type="checkbox"/>				
Professional Liability/Trainers	<input type="checkbox"/>				
Equipment	<input type="checkbox"/>				
Property	<input type="checkbox"/>				
Auto	<input type="checkbox"/>				
Other -	<input type="checkbox"/>				

Describe all claims for any coverage listed above:

Non-Owned Auto	Limit:	Avg. Auto Value:	Estimated # of Days Rented:
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If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application.

OPERATING INFORMATION

Estimated Annual Membership:		Cost of Annual Membership:	
Description of Facility and Services:			
Management Experience and Qualifications:			
CLASSES: Are classes taught? Yes No If Yes, please attach a class schedule			
Are classes:	Contact	Non-Contact	Sparring Non-Combative/Fitness only
If Martial Arts, Yoga, Boxing or Wrestling Classes are offered, what styles are taught?			
What Age Groups?		What are the Instructors' Qualifications?	
What safety equipment is used?			
Hours of Operation:		Number of Days Per Week:	
GROSS RECEIPTS: Services:		Food:	Liquor: Building/Room Rental:
Pro-Shop Sales (Sports Related):		Other Product Sales:	North American Origin: European Origin:
Other (Describe):		Total Annual Gross Receipts:	
RETAIL PRODUCTS SOLD:			
Do you sell Vitamins, Health Supplements and/or Homeopathic Medicine?		Yes No	
Are any of the Products Manufactured under your own label?		Yes No If Yes, please list:	
Where are the suppliers located?		North America Europe Other:	
Any sales of alcoholic beverages on the premises?		Yes No If Yes, attach Liquor Liability Application	
LIABILITY APPLICATION: Are there Cooking Facilities on the premises? Yes No If Yes, describe:			
Indicates Type(s): Restaurant Snack/Juice Bar Vending Other:			
Describe the type(s) of food served:			
Is the restaurant/snack bar open to the general public?		Yes No Who is providing food(applicant or other)?	
Are the Facilities inspected by the Board of Health?		Yes No If Yes, how often? Does food provider have a COI? Yes No	
STAFFING: Types of Service	Employees Part-Time Full-Time		Independent Contractors Part-Time Full-Time
Fitness/Group Instructors			Do you own any other business or rent space to others? Yes No If Yes, explain:
Office Staff			
Managers			Do you have any off-premises operations/activities? Yes No If Yes, explain:
Personal Trainers			
Other:			
Do you have any written guidelines/procedures for addressing Human Resources or Personnel Management issues such as: Discrimination Yes No Discipline Yes No Sexual Harassment Yes No Employee Termination Yes No Employment Grievances/Complaints Yes No Orientation of all new employees Yes No If yes to any of the above, please attach copy			



Do any of your Employees provide Outside Services, operating on your behalf?	Yes	No	If Yes, Please Explain:		
Do you bring any specialists onto your premises to provide additional services?	Yes	No	If Yes, Please Explain:		
Are client information sheets/records collected for each client? How long are they kept?	Yes	No	If Yes, attach a copy		
Is a waiver/Hold Harmless agreement signed by clients? Are there any services for which this is not required? If Yes, please list exempt services:	Yes	No	If Yes, attach a copy		
Are parking lots well-lit? Are parking areas and sidewalks/walkways checked daily and maintained regularly?	Yes	No	Who is responsible for snow removal? Yes No		
Do you keep a supply of salt for de-icing outdoor areas/entrances and apply regularly during the winter?	Yes	No			
Are floors and stairwells checked daily and maintained regularly? Are tables, chairs and equipment in good condition and subject to regular inspection and repair?	Yes	No	Yes No		
Please describe precautions take to avoid slips and falls at entrances:					
Has any equipment been modified/rebuilt after being received from its original manufacturer? If Yes, explain and include age of equipment: Who is responsible for Maintenance and/or Repair of Equipment?	Yes	No			
Is there a maintenance log/schedule (maintenance/repair of equipment, maintenance of property, etc.) If Yes, for which activities:			Yes	No	
Services Provided:					
Personal Training	Yes	No	Nutrition/Diet/Wellness Counseling	Yes	No
Spa Services	Yes	No	Registered Massage Therapy	Yes	No
Chiropractic/Physical Therapist	Yes	No	Spray-On Tanning Applications	Yes	No
Medical Clinic	Yes	No	Tanning Beds and Booths	Yes	No
Naturopathic Medicine	Yes	No	Other:	Yes	No
If Spa services are offered please complete Spa Application					
What certifications do your Trainers/Instructors have?					
Are staff available in each area of the facility for Supervision, Spotting and Emergencies?	Yes	No			
What is your Minimum Age Requirement?	Are minors required to be accompanied by a Parent?		Yes	No	
Is there any childcare services? If there is any childcare service, please complete Supplementary Abuse Application	Yes	No	If Yes, do parents stay on premises at all times?		Yes No
If massage is provided, what types are available?					
If massage therapy is provided, do all massage therapists hold a Registered Massage Therapist designation and carry their own personal E&O insurance, including anyone performing Acupuncture and/or Ultrasound? If no, please list any exceptions:	Yes	No			
If nutrition/wellness/diet counseling is provided, what programs/services are offered?					
Are the employees associated with these programs certified and considered professionals by the programs?	Yes	No			
If spray tanning is provided, are face masks offered to clients? Which are used? Booths, if so # units:	Yes	No	Handheld devices, if so # units:		Both
Are detailed reports kept of all incidents, including reports of customer dissatisfaction?	Yes	No	If yes, please attach a copy		
Are there any swimming pools on your premises? What is the depth of each pool? Number of pools: # of diving boards:	Yes	No	If yes, please answer the following: Are all depths clearly marked? Yes No Are certified lifeguards on duty? Yes No		
Is access to swimming pool locked outside of pool hours?	Yes	No			



Please indicate if your health or fitness center includes:		# Units	Non-Slip/Skid Flooring		Rubber mats in halls	
Showers	Yes No		Yes		Yes No	
Jacuzzis/Whirlpools/Hot Tubs	Yes No		Yes No		Yes No	
Steam Rooms	Yes No		Yes No		Yes No	
Wet Sauna	Yes No		Yes No		Yes No	
Dry Sauna	Yes No		Yes No		Yes No	
Has there been any scorching behind Sauna heating unit?		Yes No	How many inches is it from the wall?			
How many of your employees are trained in First Aid?						
Please provide details of any other services or activities which have not been listed on this application:						

Please attach the following to this application:

- Details of your procedures for sterilization and steps taken to avoid cross-contamination
- Your brochure(s) of services, products and/or operations
- Copy of registration forms, health forms, waiver/consent forms, any other forms signed by clients
- Copies of information sheets/brochures provided to clients about services (e.g. spray tanning)

Please list the organizations that require a Certificate of Insurance from you (as they are to appear on the policy)

Name	Address	Relationship to you

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (and subjects such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”



APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.